#### FOR COUNTY USE ONLY

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County of San Bernardino

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### STANDARD CONTRACT

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Holly Benton						(909) 387-5918			8	\$74,475		
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Day Reporting Centers				03/04	· \$5	51,000	_					
Contract Type 2(b)							_					
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THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Probation Department, hereinafter called the County, and

Name				
One 2 One Mentors, Inc.		hereinafter called	Contractor	
Address				
P.O. Box 1461				
Victorville, CA 92392				
Phone	Birth Date			
(760) 245-1997	<u> </u>			
Federal ID No. or Social Security No.				

#### IT IS HEREBY AGREED AS FOLLOWS:

#### **AMENDMENT NO. 1**

It is hereby agreed to amend contract # 02-1174 between the County One 2 One Mentors, Inc. as follows:

## Section III: Contractor General Responsibilities

Amend Paragraph G to read as follows:

G. Contractor shall notify County in writing of any change in mailing address and/or physical location within ten (10) days of the change, and shall immediately notify County of changes in telephone or fax numbers.

Amend Paragraph P, Item 2, Subparagraph c to read as follows:

c. Errors and Omissions Liability Insurance - Combined single limits of \$1,000,000 and \$3,000,000 in the aggregate or

Professional Liability - Professional liability insurance with limits of at least \$1,000,000 per claim or occurrence.

## Section V: Fiscal Provisions

Amend Paragraph A to read as follows:

A. The maximum amount of payment under this contract shall not exceed \$74,475 for services provided under this Contract from November 5, 2002 through June 30, 2004, and shall be subject to availability of funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

# Section VIII: Term

Amend Section VIII to read as follows:

This Contract is effective as of November 5, 2002, and is extended from its original expiration date of June 30, 2003 to June 30, 2004, but may be terminated earlier in accordance with provisions in Section IX of this Contract.

## Section X: General Provisions

Amend Paragraph A to read as follows:

A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: One 2 One Mentors, Inc.

P. O. Box 1461 Victorville, CA 92392

County: County of San Bernardino

**Probation Department** 

Attn: Holly Benton, AB 1913 Coordinator

175 West Fifth Street

San Bernardino, CA 92415-0515

County (*Insurance Information Only*):

County of San Bernardino c/o Insurance Data Services P.O. Box 12010 – CB Hemet, CA 92546-8010

#### Add Paragraph H to read as follows:

H. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Agreement.

The County, by written notice, may immediately terminate any Agreement if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once an Agreement has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

All other terms and conditions remain in full force and effect.

Auditor/Controller-Recorder Use Only

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☐ Contract Database

COUNTY OF SAN BERNARDINO		One 2 One Mentors, Inc.  (Print or type name of corporation, company, contractor, etc.)			
►	of Supervisors	Ву	(Authoriz	ed signature - sign in blue ink)	
Dated	· 	Name _			
SIGNED AND CERTIFIED THAT A COPY DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD Clerk of the Board of of the County of San	THE Supervisors	Title Dated _	(Print or Type)		
Ву		Address	P.O. Box	x 1461	
Deputy		Victorville, CA 92392			
Approved as to Legal Form	Reviewed by Con	tract Complian	ce	Presented to BOS for Processing	
<b>&gt;</b>	<b>•</b>			<b>•</b>	
Dawn Stafford, Deputy County Counsel				Raymond B. Wingerd, Chief Probation Officer	
Date	Date			Date	

Input Date	Keyed By
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